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<b>FREE TRANSMITTAL</b> <b>for FY 2004</b> <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>		
		Application Number	09/425,075	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	October 21, 1999	
		First Named Inventor	CHOUDARY, PRABHAKARA V.	
		Examiner Name	HELMS, LARRY RONALD	
TOTAL AMOUNT OF PAYMENT (\$)		310	Art Unit	1642
Attorney Docket No.		UCAL-269		
<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>		
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-0815 Deposit Account Name: Bozicevic, Field & Francis LLP		Large Entity    Small Entity		
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code    Fee (\$)		
<input type="checkbox"/> Charge Any Additional Fee(s) Required under 37 C.F.R. 1.17. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Description		
<b>FEE CALCULATION</b>		Fee Paid		
<b>1. BASIC FILING FEE</b>				
Large Entity    Small Entity				
Fee Code    Fee (\$)				
1001    770    2001    385    Utility filing fee				
1002    340    2002    170    Design filing fee				
1003    530    2003    265    Plant filing fee				
1004    770    2004    385    Reissue filing fee				
1005    160    2005    80    Provisional filing fee				
<b>SUBTOTAL (1)</b>				
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>				
Extra Claims    Fee from below    Fee Paid				
Total Claims    -20** =    x    =				
Indep. Claims    -3** =    x    =				
Multiple Dependent    =				
Large Entity    Small Entity				
Fee Code    Fee (\$)				
1202    18    2202    9    Claims in excess of 20				
1201    86    2201    43    Independent claims in excess of 3				
1203    290    2203    145    Multiple dependent claim, if not paid				
1204    86    2204    43    ** Reissue independent claims over original patent				
1205    18    2205    9    ** Reissue claims in excess of 20 and over original patent				
<b>SUBTOTAL (2) \$</b>				
**or number previously paid, if greater; For Reissues, see above.				
		Other fee (specify) _____		
		<b>*Reduced by Basic Filing Fee Paid</b>		
		<b>SUBTOTAL (3) (\$)</b>		
		310		

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	James S. Kiddle, Ph.D.	Registration No. (Attorney/Agent)	48,920
Signature		Telephone	(650) 833-7723
		Date	07-02-2004

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07-06-04

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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/425,075
Filing Date	October 21, 1999
First Named Inventor	CHOUDARY, PRABHAKARA V.
Group Art Unit	1642
Examiner Name	HELMS, LARRY RONALD
Attorney Docket Number	UCAL-269

Total Number of Pages in This Submission **16**

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Oral Hearing 2. Postcard
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Signing Attorney/Agent  
(Reg. No.)JAMES S. KEDDIE, PH.D., 48,920  
BOZICEVIC, FIELD & FRANCIS LLP

Signature

Date

July 2, 2004

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